

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400467313

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10399
2. Name of Operator: NIGHTHAWK PRODUCTION LLC
3. Address: 1805 SHEA CENTER DR #290
City: HIGHLANDS State: CO Zip: 80129
4. Contact Name: Mindy Obando
Phone: (303) 407-9605
Fax: (303) 407-8790

5. API Number 05-073-06528-00
6. County: LINCOLN
7. Well Name: SILVERTON Well Number: 16-10
8. Location: QtrQtr: SESE Section: 10 Township: 6S Range: 54W Meridian: 6
Footage at surface: Distance: 1183 feet Direction: FSL Distance: 922 feet Direction: FEL
As Drilled Latitude: 39.539000 As Drilled Longitude: -103.420070

GPS Data:

Data of Measurement: 06/26/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Elijah Frane

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: ARIKAREE CREEK 10. Field Number: 2914
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/24/2013 13. Date TD: 06/11/2013 14. Date Casing Set or D&A: 05/24/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8450 TVD** 17 Plug Back Total Depth MD 8325 TVD**

18. Elevations GR 5227 KB 15
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Caliper, Downlog.las, Induction, Laterolog, Mainpass.las, Microlog, Porosity, RepeatPass.las, Sonic, Triple Combo, Surface Cement Report, Production Cement Report and CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	336	90	0	336	CALC
1ST	7+7/8	5+1/2	17	336	8,450	1,117	336	8,450	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WOLFCAMP	6,207	6,431	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,245	7,357	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,430	7,450	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,620	7,850	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	8,026		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,095		<input type="checkbox"/>	<input type="checkbox"/>	
ARBUCKLE	8,282	8,450	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Mindy Obando

Title: Accounting Manager Date: _____ Email: mindyjoobando@nighthawkenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400468449	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400468447	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468452	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468458	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468459	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468460	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468463	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468466	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468468	PDF-LATEROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468469	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468470	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468719	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)